

CLIFFORD ANCONA  
Printed Name

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

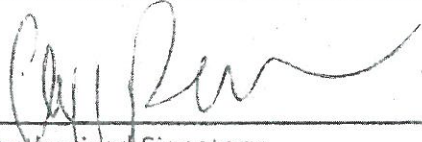
Part I: Ownership Structure					
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.					
Clifford Ancona	President				App submitted? XYes <input type="checkbox"/> No
	Warwick	RI	02889	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Michael Rose	Vice President				App submitted? <input type="checkbox"/> Yes XNo
	Warwick	RI	02889	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Gregory Morano	Secretary				App submitted? Yes XNo
	Warwick	RI	02889	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Janice Morano					App submitted? <input type="checkbox"/> Yes XNo
	Ramsey	NJ	07446	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Jai Sue					App submitted? <input type="checkbox"/> Yes XNo
	Mahwah	NJ	07430	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
John Lynch					App submitted? <input type="checkbox"/> Yes XNo

Rhode Island Department of Business Regulation  
Application for Medical Marijuana Cultivator License

[REDACTED]	Warwick	RI	02889	[REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Thomas Thomasian		[REDACTED]		App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
[REDACTED]	Coventry	RI	02816	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest

  
\_\_\_\_\_  
Authorized Signatory

2-3-17  
12/15/2016  
Date

CLIFFORD ANCONA  
Printed Name

**FORM 2\*****Disclosure of Owners, Investors, Managers and Controlling Parties****Part I: Ownership Structure**

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Daniel Sweeney				App submitted? NO
	Mahwah	NJ	07430	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Larry Warner				App submitted? NO
	Ramsey	NJ	07446	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Steve Chookazian				App submitted? NO
	Ramsey	NJ	07446	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Kenneth Keating				App submitted? NO
	Oxford	Ct	06478	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Jason Panaro				App submitted? NO
	Oakland	NJ	07436	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]

*[Signature]* 2/8/17